Name in Full: Della Addison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: A A Co

Date of death: 1906 Month: July; Day: 7

Age: Years: —; Months: —; Days: 9

Sex: Fem Female; Color or Race: Color; Birthplace: Annapolis

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Frank Addison; Father's Birthplace: A A Co

Mother's Maiden Name: Lizzie Butler; Mother's Birthplace: —

Name of person giving information: Frank Addison; How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Catarrh; How long: 3 days

Immediate: Convulsions; How long: 2 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. P. Pierce

Address: 66 Cathedral St Annapolis Md

Accident or Suicide?

Name in Full: Susana R. Bean

CERTIFICATE OF DEATH

MARYLAND

Died at: Marley (Town) — Anne Arundel (County)

Date of death: 1906 July (Month) 14th (Day)

Age: Years — Months: 1 — Days: 29.

Sex: Female

Color or Race: Colored

Birthplace:

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Spencer Bean Jr.

Father's Birthplace: Anne Arundel Co.

Mother's Maiden Name: Charlotte Bean

Mother's Birthplace: Anne Arundel Co.

Name of person giving information: Father

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Gastro. Enteritis — How long: Four days

Immediate: Asthenia — How long: Gradual

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide:

Name in Full: William Beck M.D.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Earleigh Heights — County: Anne Arundel Co.

Date of death 1906 — Month: July — Day: 5th — Years: 22 yrs — Months — Days

Sex: Male — Color or Race: White — Birthplace: Baltimore Md

Occupation: physician — Where Residing if not at place of death: 1237 Washington St. Baltimore, Md

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: G. B. Marden M.D. — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning — How long

Immediate: Opinion — How long

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Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G B Marden M.D.

Address: Earleigh Heights A.A. Co. Md

Accident or Suicide? Accident

Name in Full: Nevy Ann Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crofensville — County: Anne Arundel

Date of death 1906 — Month: July — Day: 16

Age — Years: 1 — Months: — Days: 16

Sex: Female — Color or Race: Black — Birthplace: A. A. Co Md

Occupation: — Where Residing If not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Robert Brooks — Father's Birthplace: P. G. Co Md

Mother's Maiden Name: Ruth Bromfort — Mother's Birthplace: A. A. Co. Md

Name of person giving information: Robert Brooks — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intero-Colitis — How long: 2 wks

105

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. B. Gantt

Address: Millersville

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Samuel Chester Brooks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Maynard's P.O.	County: A.A. Co.			
Date of death 1906	Month: July	Day: 16	Years: —	Months: —	Days: 12
Sex: Male	Color or Race: White		Birthplace: A.A. Co.		
Occupation: —	Where Residing if not at place of death: —				
Married, Single or Widowed: Single	Name of Wife or Husband: —				
Father's Name: Edwin Chester Brooks			Father's Birthplace: Penn.		
Mother's Maiden Name: Rose A. Causey			Mother's Birthplace: Maryland		
Name of person giving information: Rose A. Brooks			How related to deceased: Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Cholera Infantum	How long	Two days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James S. Bellingsley
		Address	Armiger P.O. Md.
Accident or Suicide?	—		

105

Name in Full (Still Born) Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: annapolis md County: a. a. co.

Date of death 1906 Month: July Day: 1

Age: Years — Months — Days —

Sex: male Color or Race: Colored Birthplace: annapolis md

Occupation: Where Residing if not at place of death: 246 acton lane

Married, Single or Widowed: single Name of Wife or Husband:

Father's Name: Lewis E. Brown Father's Birthplace: annapolis md

Mother's Maiden Name: Carrie E. Leroy Mother's Birthplace: " " " "

Name of person giving information: Lewis E. Brown How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born How long

Immediate: How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

Name in Full: Constantine L. Brown

CERTIFICATE OF DEATH

Died at: Town: Annapolis County: Anne Arundel MARYLAND

Date of death 1906 Month: July Day: 20 Years: 22 Months: 1 Days: 12

Sex: Female Color or Race: Colored Birthplace: Annapolis

Occupation: School Teacher Where Residing if not at place of death: 69 West Street

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Isaac Brown Father's Birthplace: Annapolis

Mother's Maiden Name: Maggie Brown Mother's Birthplace: "

Name of person giving information: Mother How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

53

CAUSES OF DEATH

Primary: Sprue - Myelogenous Leukemia How long: 2 Years.

Immediate: Exhaustion How long: two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis B. Henkel Jr.

Address: Annapolis, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Thomas G. Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Annapolis Jct. (County): A. A.

Date of death 1906	Month: 7	Day: 26	Years	Months: 2	Days: 21

Age

Sex: Male — Color or Race: black — Birthplace: Md

Occupation: Infant — Where Residing if not at place of death: at home

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Sanford Brown — Father's Birthplace: Md

Mother's Maiden Name: Willie Simms — Mother's Birthplace: Md

Name of person giving information: Sanford Brown — How related to deceased: father

CAUSES OF DEATH (105)

PHYSICIAN OR CORONER

Primary: Entero-Colitis — How long: 2 weeks

Immediate: Convulsions — How long: 12 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. Littleton M.D.

Address: Savage Md

Accident or Suicide? Neither

Name in Full: James Edward Carpenter

CERTIFICATE OF DEATH

Died at: Eighthampton (Town) St. Anne Annapolis (County) MARYLAND

Date of death 1906 July (Month) 4 (Day) Age: 29 (Years) (Months) (Days)

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: Laborer

Where Residing if not at place of death: Eighthampton

Married, Single or Widowed: married

Name of Wife Husband: Jennie Carpenter

Father's Name: Louis Carpenter

Father's Birthplace: Md

Mother's Maiden Name: Cynthia Rivers

Mother's Birthplace: Md

Name of person giving information: Richard Carpenter

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis (21)

How long: Months

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Collings

CERTIFICATE OF DEATH

MARYLAND

Town: So. Baltimore | County: Anne Arundel

Died at

Date of death 1906 | Month: July | Day: 11 | Years: | Months: 7 | Days:

Age

Sex: Male | Color or Race: Col | Birth-place: Md

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: Wm Collins | Father's Birthplace: Va

Mother's Maiden Name: Maggie Perry | Mother's Birthplace: Va

Name of person giving In formation: Father | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Whooping Cough (8) | How long:

Immediate: Marasmus | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly givan above?

Signature of Physician: W. S. Pinchard Coroner

Address:

Accident or Suicide?

Name In Full: Earnest - Cook

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Maynardis P.O. — Town
County: Anne Arundel

Date of death: 1906 — Month: July — Day: 18
Age — Years: — Months: 2 — Days: 18

Sex: Male — Color or Race: White — Birthplace: A. A. Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Henry D. Cook — Father's Birthplace: A. A. Co.

Mother's Maiden Name: Sarah J. Chard — Mother's Birthplace: A. A. Co.

Name of person giving In formation: Sarah J Cook — How related to deceased: Mother

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Intestinal Intoxication — How long: Four days

Immediate: Meningitis — How long: Twelve house

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James S Bellingsley MD

Address: Armiger Mo

Accident or Suicide? No -

Name in Full: Jennie Dennis

CERTIFICATE OF DEATH

MARYLAND

Died at: Shady Side | Town: | County: A A

Date of death: 1906 | Month: July | Day: 22 | Years: 36 | Months: — | Days: —

Sex: Female | Color or Race: Colored | Birthplace: Md

Occupation: Housewife | Where Residing if not at place of death: —

Married, Single or Widowed: Married | Name of Husband: Edward W. Dennis

Father's Name: Levin Lowell | Father's Birthplace: Va

Mother's Maiden Name: Josephine Byas | Mother's Birthplace: Md

Name of person giving information: Josh Dennis | How related to deceased: Father in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intestinal Tuberculosis | How long: 8 months

Immediate: Exhaustion | How long: —

29

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Funk

Address: Annapolis

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Lucy Desantis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: A. A.

Date of death: Month: July — Day: 1 — 1906

Age: Years: — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: Annapolis Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Pesgale Desantis — Father's Birthplace: Italy

Mother's Maiden Name: Mary Mazza — Mother's Birthplace: "

Name of person giving In formation: Pesgale Desantis — How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition & Dyspeptic Diarrhoea — How long: 105

Immediate: Bronchopneumonia — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Oliver Purvis

Address: Annapolis Md

Accident or Suicide? No

Name in Full: Mary Decantis

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis (Town) — Anne Arundel (County)

Date of death: 1906 — Month: July — Day: 7

Age: Years: 41 — Months: — — Days: 16

Sex: Female — Color or Race: White — Birthplace: Italy

Occupation: — — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married — Name of Wife or Husband: Pasquale Decantis

Father's Name: Saverio Magga — Father's Birthplace: Italy

Mother's Maiden Name: Rosa Sirianni — Mother's Birthplace: Italy

Name of person giving In formation: Pasquale Decantis — How related to deceased: Husband

112

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Hypertrophic Cirrhosis of Liver — How long: about 7 yrs?

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Purvis

Address: Annapolis Md

Accident or Suicide? No

LIBRARY BUREAU

Name in Full: Ruth Matilda Dorsey.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Armigers — County: Anne Arundel

Date of death 1906: Month: July — Day: 5 — Years: 72 — Months: — Days:

Sex: Female — Color or Race: Black — Birthplace: a a Co Md

Occupation: Housewife — Where Residing If not at place of death:

~~Married, Single or~~ Widowed — Name of Wife or Husband:

Father's Name: Morris Cooper — Father's Birthplace: a a Co Md

Mother's Maiden Name: Charlotte Brown — Mother's Birthplace: a a Co Md

Name of person giving In formation: Charlotte Cooper — How related to deceased: Daughter

CAUSES OF DEATH

65

PHYSICIAN OR CORONER

Primary: old age — How long: — years

Immediate: Cerebral softening — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. H. Lerane

Address: Armiger Md

Accident or Suicide?

Name in Full: Sarah Elizabeth Ellison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Lake Shore P.O. County: Anne Arundel

Date of death 1906 Month: July Day: 15 Years: 64 Months: — Days: —

Sex: Female Color or Race: White Birthplace: A. A. Co.

Occupation: Housewife Where Residing If not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: John F. Ellison

Father's Name: Asberry Stinchcomb Father's Birthplace: A. A. Co.

Mother's Maiden Name: Margarete Robinson Mother's Birthplace: A. A. Co

Name of person giving In formation: John F. Ellison How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery How long: About 3 weeks

Immediate: Exhaustion How long: —

(14)

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: James S. Bellingsley M.D.

Address: Arnniger Md

Accident or Suicide? No

Name in Full: Elmira Foster

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Revells Station; County: A A

Date of death: Month: July; Day: 23rd; 1906

Years: Months: 7; Days:

Age

Sex: Female

Color or Race: Colored

Birthplace: Annapolis

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Wm Foster

Father's Birthplace: A A Co

Mother's Maiden Name: Alice Gary

Mother's Birthplace: A A Co

Name of person giving In formation: Father

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: months

Immediate: Exhaustion — How long: gradual

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Richardson

Address: Annapolis Md

Accident or Suicide?

179

Name in Full: Josephine Franklin

CERTIFICATE OF DEATH

MARYLAND

Died at: Bristol (Town) — A. A. Co (County)

Date of death: 1906 July 13 (Month, Day)

Age: 24 Years — Months — Days

Sex: Female

Color or Race: Black

Birthplace: A. A. Co. Md

Occupation: Cook

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Joseph Franklin

Father's Name: Nysley Powell

Father's Birthplace: —

Mother's Maiden Name: Laura Larkins

Mother's Birthplace: —

Name of person giving information: Joseph Franklin

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — 7

How long: 6 Mos

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. B. Griffith

Address: Upper Marlboro Md

~~Accident or Suicide?~~ Did not see this case until July 9th

PHYSICIAN OR CORONER

Name in Full: Elzey Thomas Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Williams (County) Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month July, Day 1st, 1906 — Age: Years 1, Months 3, Days

Sex: Male — Color or Race: Black — Birthplace: Anne Arundel Co Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: William Harrison — Father's Birthplace: Anne Arundel Co Md

Mother's Maiden Name: Ella Johnson — Mother's Birthplace: Anne Arundel Co Md

Name of person giving information: William Harrison — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis Colitis — How long: 6 weeks

Immediate: Exhaustion — How long: one week

105

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. R. Vanderson

Address: Pasadena Md

Registrar

Accident or Suicide?

Name in Full: Geo T Harrison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: ~~Davidsonville~~ Rockland — Town: a a — County: a a

Date of death 1906	Month: July	Day: 18	Age: Years 55	Months: —	Days: —

Sex: Male — Color or Race: Colored — Birthplace: a a Co

Occupation: — Where Residing if not at place of death: —

~~Married, Single~~ or Widowed: — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving In formation: — How related to deceased: —

CAUSES OF DEATH

154

PHYSICIAN OR CORONER

Primary: Senility — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: B R Davidson

Address: Davidsonville, Md

Accident or Suicide?

Name in Full: Susan M. Hawkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Ama — Town; Anne Arundel — County

Date of death: 1906 July 2 — Month, Day

Age: 57 Years; Months; Days

Sex: Female

Color or Race: Black

Birthplace: A.A. Co. Md

Occupation: —

Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~

Name of Wife or Husband: James W. Hawkins

Father's Name: John H. Higgs

Father's Birthplace: A.A. Co. Md

Mother's Maiden Name: Margaret Higgs

Mother's Birthplace: A.A. . . .

Name of person giving In formation: Isaac Hall

How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3 yrs —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A. B. Gantt

Address: Millersville

~~Accident or Suicide?~~

66

Name In Full: John Curtis Henning

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: 545 Town: Annapolis 9 County: ~~Annapolis~~ Anne Arundel

Date of death: Month: July. Day: 25 1906

Age: Years: 29 Months: 6. Days: 25

Sex: Male Color or Race: White Birthplace: Arnsold. Co. Md.

Occupation: Plasterer Where Residing if not at place of death: Washington D.C.

Married, Single or Widowed: Single Name of Wife or Husband: — — —

Father's Name: Andrew J. Henning Father's Birthplace: —

Mother's Maiden Name: Sarah Henning Mother's Birthplace: —

Name of person giving information: Brothers + Sisters How related to deceased:

CAUSES OF DEATH

(167)

PHYSICIAN OR CORONER

Primary: Burns 2nd Degree entire body How long: 5 Weeks

Immediate: Exhaustion How long: 2 Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walton H Hopkins M.D.

Address: Annapolis Md

Accident or Suicide? Accident

Name in Full: James Harris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis (Town) aa (County)

Date of death: 1906 July 5 (Month, Day)

Years: 55 Months: Days:

Sex: Male

Color or Race: Colored

Birthplace: aaCo

Occupation: Laborer

Where Residing if not at place of death: 16 Clay St

Married, Single or Widowed: Married

Name of Wife or Husband: Laura Harris

Father's Name: Thomas Harris

Father's Birthplace: aaCo

Mother's Maiden Name: Annie Purnell

Mother's Birthplace: aaCo

Name of person giving information: Mary Fry

How related to deceased: Sister

PHYSICIAN OR CORONER

CAUSES OF DEATH

120

Primary: Nephritis — How long: 8 months

Immediate: Uraemic Poison — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. P. Keech

Address: 60 Cathedral St Annapolis Md

Accident or Suicide?

Name in Full: James Holland

CERTIFICATE OF DEATH

MARYLAND

Died at: Churchton (Town) A. A. (County)

Date of death: 1906 July (Month) 8 (Day)

Age: 9 Years — Months — Days

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Jacob Albert Holland

Father's Birthplace: Md

Mother's Maiden Name: Mary E. Makall

Mother's Birthplace: Md

Name of person giving information: J. A. Holland

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

101

Primary: Pharyngeal Abscess — How long: 8 days

Immediate: Rupture of Abscess (strangulation) — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo T Dent

Address: Churchton, Md

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: Olof Jansen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: South Balto. County: Anne Arundel

Date of death: Month: July 1901 Day: 11 Years: 33 Months: Days:

Age

Sex: Male Color or Race: White Birthplace: Norway

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

172

Primary: Accidental Drowning How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: Mt. Hirsched Cem.

Accident or Suicide?

Name in Full: Francis ~~Julia~~ Jemneski 7/2/I.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lakeshore County:

Date of death 1906 Month: July Day: 2 Years: Age Months: 4 Days:

Sex: Female Color or Race: white Birthplace: Balto Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Frank Jemneski Father's Birthplace: Germany

Mother's Maiden Name: Dont Know Mother's Birthplace: Germany

Name of person giving information: H. C. Linsted How related to deceased: not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Summer Diarrhoea How long: 2 weeks

Immediate: Heart failure How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: no Physician

Address:

Accident or Suicide?

Name in Full: Jane Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Near (Town) Parole; Anne Arundel Co. (County)

Date of death: 1906 July 3rd

Age: Years 69; Months 2; Days 4

Sex: Female

Color or Race: Colored

Birthplace: West River A. A. Co.

Occupation: Servant

Where Residing if not at place of death: —

Married, Single or Widowed: Widow

Name of Husband: Elias Johnson

Father's Name: John Hayes

Father's Birthplace: West River A. A. Co.

Mother's Maiden Name: Not Known

Mother's Birthplace: Annapolis Md.

Name of person giving information: Her daughter

How related to deceased: daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dysentery & Diarrhoea — How long: Several days.

Immediate: Exhaustion — How long: " "

14

Are the name, age, sex, color, date and place correctly given above? yes as far as I know

Signature of Physician: F. H. Thompson M. D.

Address:

~~Accidental Suicide~~?

PHYSICIAN OR CORONER

Name in Full: Ferdman N. Kimball

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis (Town) — a a (County)

Date of death 1906 — Month: July — Day: 8

Age — Years: 1 — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Annapolis

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John S. Kimball — Father's Birthplace: Balto Md

Mother's Maiden Name: Mary E. Lamb — Mother's Birthplace: Annapolis Md

Name of person giving information: John S. Kimball — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dyptheria (9) — How long: 4 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Mary

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Kennedy Benham Kiddy

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 190 — Month: July — Day: 29th — Years: — Age: 18 — Months: 9 — Days: 5

Sex: Male — Color or Race: White — Birthplace: D. D. New York

Occupation: Midshipman — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: L. M. Kiddy — Father's Birthplace: U. S.

Mother's Maiden Name: Katharine MacGregor — Mother's Birthplace: U. S.

Name of person giving information: Navy Record — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH.

PHYSICIAN OR CORONER

Primary: Appendicitis & Peritonitis — How long: Five days

Immediate: Hemorrhage from Stomach — How long: 16 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Hess Steinberg

Address: Naval Academy, Annapolis

Accident or Suicide? No

116

Name in Full: William Henry Kirby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis County: Anne Arundel

Date of death: Month: July 6 Day: 17 Years: 75 Months: 6 Days: 17

Age

Sex: Male Color or Race: White Birthplace: A.A. Co.

Occupation: Bailiff Where Residing if not at place of death: Calvert St. A.A. Co.,

Married, Single or Widowed: Married Name of Wife or Husband: Mary E. Kirby-wife

Father's Name: James Kirby Father's Birthplace: 3 Dist. A.A. County

Mother's Maiden Name: Mother's Birthplace: 3 Dist. A.A. County

Name of person giving In formation: Mrs M.E. Kirby How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

Primary: Apoplexy How long: 4 weeks

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? I think so.

Signature of Physician: M Lemuel Claude M.D.

Address: 9 St. John St. Annapolis, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Bethe Ellen Leiloh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Lakeview

County: Anne Arundel

Date of death: 1906 July 19

Age: Years 0 Months 0 Days 17

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Charles Leiloh

Father's Birthplace: Md.

Mother's Maiden Name: Vidie Childs

Mother's Birthplace: Md

Name of person giving In formation: Charles Leiloh

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum (105)

How long: 36 hours

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. N. Perrin

Address: McKendree, Md.

Accident or Suicide?

Name in Full (Unnamed) Manifold

CERTIFICATE OF DEATH

MARYLAND

Died at Mitwell Town A. A. County

Date of death 1906 Month July Day 19 Years — Months 4 Days 1

Age

Sex Male Color or Race White Birth-place Md

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Andrew Manifold Father's Birthplace Balt. Md

Mother's Maiden Name Iva Rogers Mother's Birthplace Md

Name of person giving In formation A Manifold How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Gastro enteritis How long 14 days

105

Immediate Exhaustion How long —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Geo T. Fritz M D

Address Ellicott

Accident or Suicide? —

Name in Full (Still Born) Mays

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Annapolis (County) Anne Arundel MARYLAND

Date of death 1906 Month July Day 8th Age Years Months Days

Sex Female Color or Race White Birthplace Annapolis

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Thomas C Mays Father's Birthplace Balto Co

Mother's Maiden Name Mary E. Miller Mother's Birthplace " "

Name of person giving Information Thos C Mays How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Still Born How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas H Lenord

Address Annapolis Maryland

Accident or Suicide?

Name in Full: Gust. J. Meyn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Elvaton (Town) — A. A. (County)

Date of death: 1906 — Month: July — Day: 4 — Years: — Months: 10 — Days:

Sex: Male — Color or Race: White — Birthplace: Elvaton, A. A. Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Gust. Meyn — Father's Birthplace: Germany

Mother's Maiden Name: Annie Hanf — Mother's Birthplace: "

Name of person giving information: Gust. Meyn — How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera infantum — How long: 2 days

Immediate: diarrhoea — How long: 6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. T. H. Brown

Address: Arnolds No. off. A. A. Co. Md.

Accident or Suicide?

Name in Full: Cherry Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: South River — County: Anne Arundel

Date of death 1906 — Month: July — Day: 22 — Age: 23 — Years — Months — Days

Sex: Female — Color or Race: Col — Birthplace: ?

Occupation: House Keeper — Where Residing if not at place of death:

Married, Single or Widowed: Widow — ~~Name of Wife or~~ Husband: Morris.

Father's Name: Worrom Wallace — Father's Birthplace: Md

Mother's Maiden Name: Lucy Wallace — Mother's Birthplace: Md

Name of person giving information: No — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

179

Primary: Heart Failure — How long: —

Immediate: " " — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: S. S. Hepburn

Address: Annapolis Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Annie Ourus

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Drury's (County): A. A. Co.

Date of death: 190 5 Month: July Day: 5

Years: 35 Months: — Days: —

Sex: Female Color or Race: Black Birthplace: A. A. Co Md

Occupation: House Keeper Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Jos Ourus

Father's Name: Jos Ourus Father's Birthplace: —

Mother's Maiden Name: Angie Rice Mother's Birthplace:

Name of person giving information: Jos Johnson How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid fever — How long: Dont know

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? I suppose

Signature of Physician: S. W. Griffith

Address: Upper Marlboro Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Euphemia Jane Revell

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Annapolis

County: Anne Arundel

Date of death: 1906 Month: July Day: 24

Years: Months: Days:

Age:

Sex: Female

Color or Race: White

Birthplace: Annapolis

Occupation:

Where Residing if not at place of death: 23 West St

Married, Single or Widowed: Married

Name of Wife or Husband: James Revell

Father's Name: Alexander Cowan

Father's Birthplace: Scotland

Mother's Maiden Name: Susana Nichols

Mother's Birthplace: Anne Arundel Co

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 6 days

Immediate: Exhaustion — How long:

(93)

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Murphy

Address: Annapolis, Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: John Ridgley

CERTIFICATE OF DEATH

Died at: Town: Annapolis County: Anne Arundel MARYLAND

Date of death 1990: Month: July Day: 1st Years: Months: 10 Days:

Age

Sex: Male Color or Race: Colored Birthplace: Annapolis

Occupation: Where Residing if not at place of death: 146 South St.

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: William Ridgley Father's Birthplace: dec.

Mother's Maiden Name: Anna Johnson Mother's Birthplace: dec.

Name of person giving In formation: Mrs Mary Dorsey How related to deceased: friend

CAUSES OF DEATH

105

Primary: Intestinal Catarrh How long: 5 days

Immediate: Convulsions How long: Thru

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: R. P. Allen

Address: 66 Cathedral St

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name In Full: Eugene Summer

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis (Town) Anne Arundel (County) MARYLAND

Date of death 1906: July (Month) 7 (Day)

Age: Years — Months 3 Days —

Sex: Male

Color or Race: Colored

Birthplace: Annapolis

Occupation:

Where Residing if not at place of death: 23 Coldage Ave

Married, Single or Widowed: single

Name of Wife or Husband:

Father's Name: Giles Summer

Father's Birthplace: Port Smith Va

Mother's Maiden Name: Lucinda Hill

Mother's Birthplace: Md. Va

Name of person giving information: Father

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Since Birth

Immediate: Exhaustion — How long: Gradual

179

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

Name in Full: Lizzie Spencer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Magnards P.O. — County: Anne Arundel

Date of death 190 6 — Month: July — Day: 23 — Years: 29 — Months: 4 — Days: 17

Sex: Female — Color or Race: Black — Birthplace: Anne Arundel Co

Occupation: Washerwoman — Where Residing if not at place of death: 215 Hering St Balto Md

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Joseph Spencer — Father's Birthplace: Md

Mother's Maiden Name: Frances Howard — Mother's Birthplace: Md

Name of person giving information: John Wilmore — How related to deceased: none

106

106

CAUSES OF DEATH

Primary: ~~Exhaustion~~ Enteritis — How long: 6 month

Immediate: Exhaustion — How long: 30 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. L. Winner

Address: 1735 Bank

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: John Towser

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Weems Creek — County: A. A. Co.

Date of death: 1906 — Month: July — Day: 4 — Years: — Months: 1 1/2 — Days:

Sex: Male — Color or Race: White — Birthplace: Balto. Md.

Occupation: Infant — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Frank Towser — Father's Birthplace: Australia

Mother's Maiden Name: Frances Kapler — Mother's Birthplace: Not Known

Name of person giving information: Frank Towser — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

151

Primary: Marasmus — How long: Since birth

Immediate: Mal-assimilation — How long: Since birth

Are the name, age, sex, color, date and place correctly given above? As far as I know

Signature of Physician: H. H. Thompson M.D.

Address: 193 Church St. Annapolis Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Elizabeth Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Annapolis (County) Anne Arundel MARYLAND

Date of death: 1906 (Month) July (Day) 11 — Age: (Years) 70 (Months) (Days)

Sex: Female — Color or Race: Colored — Birthplace: Md.

Occupation: Domestic — Where Residing if not at place of death: Annapolis

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Noble Warren — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Dysentery (14) — How long: 11 months 28 da

Immediate: Exhaustion from General debility — How long: 8 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. P. Heeke

Address: 60 Cathedral St. Annapolis Md

Accident or Suicide?

Name in Full: Ruth Irma Wayson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bristol — County: Anne Arundel

Date of death 1906 — Month: July — Day: 19 — Years: 0 — Months: 4 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: James William Wayson — Father's Birthplace: Md.

Mother's Maiden Name: Mildred Dorr — Mother's Birthplace: Md.

Name of person giving In formation: Agnes Wayson — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 days

105

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: McKendree, Md.

Accident or Suicide?

Name in Full: Arthur Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: AA

Date of death: Month: July — Day: 5th — 1906

Age: Years: 59 yrs — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: AA Co.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife ~~Husband~~: Eliza Wilson

Father's Name: Robert Wilson — Father's Birthplace: AA Co.

Mother's Maiden Name: Arianna McGowan — Mother's Birthplace: AA Co.

Name of person giving information: Emma Colbert — How related to deceased: Daughter

CAUSES OF DEATH

19

PHYSICIAN OR CORONER

Primary: Valvular Disease of the Heart — How long: several months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

Name in Full: Martha Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1906 — Month: July — Day: 21st — Years: Age 30. — Months: — — Days: —

Sex: Female — Color or Race: Col — Birthplace: Annapolis

Occupation: House Keeper — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Albert Wilson — Father's Birthplace: Annapolis

Mother's Maiden Name: Mary Dennis — Mother's Birthplace: Annapolis

Name of person giving information: Robt Davis — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long: Gradual

27

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Caroline Wood

CERTIFICATE OF DEATH

MARYLAND

Died at: McKendree (Town) — Anne Arundel (County)

Date of death 1906: July (Month) — 2 (Day) — Years: Age About 85 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: Don't Know — Father's Birthplace: —

Mother's Maiden Name: Don't Know — Mother's Birthplace: —

Name of person giving information: George Gross — How related to deceased: Grand Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

66

Primary: Paralysis — How long: 1 year

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. H. Perrie

Address: McKendree, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full — Certificate of Death

Abram G. Woodward

Town — County

Died at Woodwardville Anne Arundel MARYLAND

1906 — Month — Day — Y. — M. — D. — Native of — Occupation

Date ~~1882~~ July 15 Age 77 Maryland Farmer

Male — White — Married — Widow — Divorced

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living None

Husband of Harriet Woodward

Wife

Father's Name Nicholas Woodward — Mother's Name Sarah Woodward

Cause of Death — Primary Cancer of Stomach — How long sick several months

Immediate — Accident, Suicide, Homicide

40

Reported by Saml. H. Anderson M.D.

Address Woodwardville Md.

Must be signed by physician, if any in attendance, other[illegible]ndertaker or minister.